

**Indiana State Sexual Violence Primary Prevention Plan  
2016-2021**

## Table of Contents

Indiana State Department of Health Agency Information.....	3
Executive Summary.....	4
Introduction .....	4
Sexual Violence in Indiana.....	5
Indiana’s Rape Prevention and Education Program.....	5
The Social Ecological Model.....	6
The Spectrum of Prevention.....	7
Risk and Protective Factors for Perpetration .....	8
Goals.....	10
Acknowledgements.....	15
References.....	17

## **Indiana State Department of Health Agency Information**

### *ISDH Mission*

To promote and provide essential public health services

### *ISDH Vision*

A healthier and safer Indiana

### *ISDH Core Values*

- Health promotion and prevention
- Vaccines providing for those who can't afford
- Equitable care community health centers
- Vital records
- Health protection
- Regulatory
- Food
- Environmental
- Laboratory
- Collaboration with local health departments
- Data collection, analysis, and information dissemination
- Evidence-based best practices for public health promotion, training, and health care quality

### *Office of Women's Health Mission*

The Office of Women's Health provides statewide leadership and coordination to ensure that the health of women in Indiana is acknowledged, valued and supported. The Office champions inter-professional collaboration, data collection and sharing, community engagement and mobilization and programmatic inclusion of women's health issues as means by which to focus prevention efforts on the specific needs of women in Indiana.

### *Office of Women's Health Objectives*

- To identify, coordinate, and set statewide priorities for women's health programs, services, and resources;
- To educate and advocate for women's health, providing statewide leadership for better access to and financing for health services, preventive screening, treatment services, and health education efforts;
- To seek funding and partnerships from private or governmental entities for programs and initiatives;
- To promote programs that are especially sensitive to the needs of underserved and disadvantaged women, and those with special needs;

- To serve as a clearinghouse for information, current research and data and to assist policy-makers;
- To provide leadership and mentoring opportunities for young women.

### **Executive Summary**

Sexual violence is a social phenomenon that permeates all of society. No one is immune from its impact. The trauma caused by sexual assault, rape, sexual harassment and other forms of sexual violence is long-lasting. Sexual violence negatively impacts physical and mental health outcomes and intersects with other widespread public health challenges, such as chronic disease, sexually transmitted diseases and substance abuse. These effects influence more than just the individuals who have been victimized, as they also impact family, friends and employers.

The 2016-2021 Indiana Sexual Violence Primary Prevention plan is designed to establish the roadmap for sexual violence primary prevention efforts in the state. The Sexual Violence Primary Prevention Plan contains information related to the prevention needs in Indiana, and is a result of extensive research and discussion of current trends, climates, and existing public health resources related to sexual violence. The Indiana Sexual Violence Primary Prevention Council (SVPPC) worked collaboratively to formulate the plan and engage additional community stakeholders in order to create a state free of sexual violence through respect and equity among all people.

The seven goals identified in the Plan aim to build the state's capacity for sexual violence primary prevention. Any individual, group or organization can use the Indiana Sexual Violence Primary Prevention Plan to guide their prevention practices, research and advocacy.

### **Introduction**

The mission of the SVPPC is to engage the people of Indiana in the primary prevention of sexual violence using state and community-based strategies for societal change. The Council convened in January 2015 to develop a state strategic plan designed to reduce Indiana's sexual violence burden and to guide the future of Indiana's statewide sexual violence primary prevention program.

The Indiana State Sexual Violence Primary Prevention Plan was developed through the combined efforts of the Indiana State Department of Health (ISDH) and the SVPPC. The plan includes goals, outcomes and strategies designed to provide a framework for increasing knowledge regarding sexual violence primary prevention and capacity building. The plan outlines steps to achieve better outcomes and maximize resources.

The SVPPC recognizes the importance of reinforcing sexual violence primary prevention information, education and training and social messaging. There has been a national shift in focus from intervening after sexual assault has occurred toward preventing sexual assault from

occurring in the first place (i.e. primary prevention). Primary prevention initiatives are directed toward the public at large, in developing pro-social attitudes and behavior, believing in gender equity and learning how to develop and maintain healthy personal and social relationships. Primary prevention also supports young women and men who may have an increased risk of victimization.

### **Sexual Violence in Indiana**

According to the 2011 National Intimate and Sexual Violence Survey (NISVS), nearly one in five women and one in 59 men in the United States have been raped at some point in their lives.<sup>1</sup> In Indiana in 2012, an estimated 125,000 Hoosiers reported unwanted sexual advances or forced sexual activity.<sup>2</sup> This startling trend is not restricted to adults. Indiana's youth are victims at high rates as well. According to the 2011 Youth Risk Behavior Survey (YRBS), which is the most recent weighted data currently available, 14.5 percent of Hoosier high school-aged girls and 5.2 percent of Hoosier high school-aged boys report being physically forced to have unwanted sexual intercourse.<sup>3</sup> This data, while the best available, only provides a snapshot of the problem as many sexual assaults are not reported to the authorities. The Indiana State Department of Health and Indiana Criminal Justice Institute have completed a study looking at sexual assault reporting for youth. This study found that underreporting is high among Hoosier youth. As a result of the high rates of sexual violence affecting women, men, and children of diverse populations, ISDH considers sexual violence primary prevention to be an important part of public health services and education provided to Hoosiers.

### **Indiana's Rape Prevention and Education (RPE) Program**

Indiana's RPE Program is administered through the OWH at the ISDH. The OWH recognizes the significant effect that sexual assault has had on the overall health of women in the state. Since 2008, the Office has administered the Centers for Disease Control and Prevention's (CDC) Rape Prevention and Education program to help reduce and eliminate the incidence of sexual violence across the state.

The Indiana State Department of Health approaches sexual violence from a public health perspective, recognizing that primary prevention, including efforts to change cultural norms, behaviors, and practices is essential to create a state free from violence. Public health is concerned with community and population-based approaches rather than those focused on the

---

<sup>1</sup> Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R.(2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

<sup>3</sup> Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey. Available at: [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs).

individual, and uses data-informed, evidence-based approaches. All sexual violence primary prevention program planning and implementation is rooted in a four-step practice in the public health approach.<sup>4</sup>

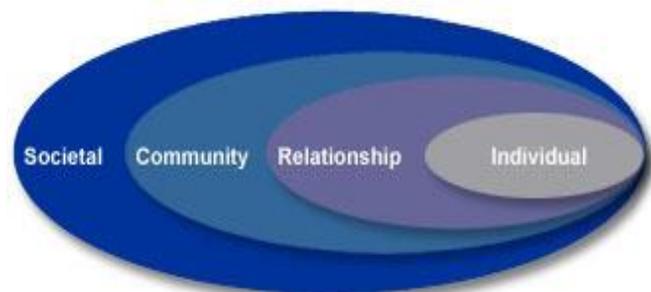
- Define the problem – define the problem using data;
- Identify risk and protective factors – identify what causes violence, who is at risk, and what protective factors could prevent sexual violence;
- Develop and test prevention strategies – design and evaluate interventions;
- Ensure widespread adoption - create programs that utilize evidence-based strategies to address sexual violence.

Primary prevention is the cornerstone of the RPE program. Program activities are guided by a set of prevention principles that include:

- Preventing first-time perpetration and victimization;
- Reducing modifiable risk factors while enhancing protective factors associated with sexual violence perpetration and victimization;
- Using the best available evidence when planning, implementing, and evaluating prevention programs;
- Incorporating behavior and social change theories into prevention programs;
- Using population-based surveillance to inform program decisions and monitor trends; and
- Evaluating prevention efforts and using the results to improve future program plans.<sup>5</sup>

### **The Social Ecological Model (SEM)**

Sexual violence primary prevention requires change at each level of the social ecological model. Increased capacity for primary prevention, coupled with evaluation, is essential to fostering and sustaining primary prevention efforts.



ISDH uses the four-level social ecological model adapted by the CDC to better understand the origins of sexual violence and the potential opportunities for prevention. This model allows incorporation of risk and protective factors from multiple domains. The social ecological model not only addresses an individual's risk factors, but also the norms, beliefs, and social and economic systems that create conditions for the

---

<sup>4</sup> Centers for Disease Control and Prevention. (2013). The Public Health Approach to Violence Prevention. Retrieved from [http://www.cdc.gov/violenceprevention/pdf/ph\\_app\\_violence-a.pdf](http://www.cdc.gov/violenceprevention/pdf/ph_app_violence-a.pdf).

<sup>5</sup> Centers for Disease Control and Prevention. (2014). Rape Prevention and Education. Retrieved from <http://www.cdc.gov/violencePrevention/RPE/index.html>.

occurrence of sexual violence.<sup>6</sup> The CDC strongly recommends focusing work on the outer layers of the SEM and engaging in community and societal-level prevention efforts.

The four levels of the social ecological model, as adapted from the CDC, are:

- Individual – The individual level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance abuse, or history of abuse;
- Relationship – The relationship level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person’s closest social-circle peers, partners, and family members influence their behavior and contribute to his/her range of experiences;
- Community – The community level explores the settings in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Settings might include schools, workplaces and neighborhoods;
- Societal – The societal level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other broad societal factors include the health, economic, and educational and social policies that help to maintain economic or social inequalities between groups in society.

### **The Spectrum of Prevention**

A CDC-recommended tool called “The Spectrum of Prevention” assists in developing sexual violence primary prevention programs and was used when developing the goals of this plan. Created by the Prevention Institute, the Spectrum of Prevention is grounded in the belief that a single individual or sector cannot address the problem of sexual violence alone.<sup>7</sup> The Spectrum of Prevention provides a model for comprehensive prevention strategies. Prevention strategies can target any level; however,

### **The Spectrum of Prevention**



<sup>6</sup> Centers for Disease Control and Prevention. (2013). The Social-Ecological Model: A Framework for Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>.

<sup>7</sup> Davis, Rachel, Parks, Lisa Fujie, and Cohen, Larry. “Sexual Violence and the Spectrum of Prevention: Towards a Community Solution. National Sexual Violence Resource Center 2006.

they are most effective when working at multiple levels. The Spectrum outlines six levels of prevention strategies:

<b>Level of Spectrum</b>	<b>Definition of Level</b>
Strengthening individual knowledge and skills	Enhancing an individual’s capability of preventing injury or illness and promoting safety
Promoting community education	Reaching groups of people with information and resources to promote health and safety
Educating providers	Informing providers who will transmit skills and knowledge to others
Fostering coalitions and networks	Bringing together groups and individuals for broader goals and greater impact
Changing organizational practices	Adopting regulations and shaping norms to improve health and safety
Influencing policy and legislation	Developing strategies to change laws and policies to influence outcomes

**Risk and Protective Factors**

The CDC has identified “risk and protective factors” as those that either increase or decrease the likelihood of a person becoming a victim or perpetrator of violence. Risk and protective factors do not predict that a person will – or will not – become a victim or a perpetrator. The factors simply alert one to possibilities, so that preventive action can be taken.

*Risk Factors*

Individual Risk Factors

- Alcohol and drug use
- Delinquency
- Empathic deficits
- General aggressiveness and acceptance of violence
- Early sexual initiation
- Coercive sexual fantasies
- Preference for impersonal sex and sexual-risk taking
- Exposure to sexually explicit media
- Hostility towards women
- Adherence to traditional gender role norms
- Hyper-masculinity
- Suicidal behavior

- Prior sexual victimization or perpetration

Relationship Factors

- Family environment characterized by physical violence and conflict
- Childhood history of physical, sexual, or emotional abuse
- Emotionally unsupportive family environment
- Poor parent-child relationships, particularly with fathers
- Association with sexually aggressive, hyper masculine, and delinquent peers
- Involvement in a violent or abusive intimate relationship

### Community Factors

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

### Societal Factors

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

### *Protective Factors*<sup>8</sup>

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others
- Access to food, services, housing and healthcare
- Messaging that supports gender equality, respect and healthy relationships

---

<sup>8</sup> Centers for Disease Control and Prevention (2015). Sexual Violence: Risk and Protective Factors. Retrieved from <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>.

## **Goals**

The goals for the plan are outlined below and are based on the State's current capacity to conduct primary prevention activities. The goals reflect a prioritization of activities that the SVPPC agreed have the potential to prevent sexual violence. The goals will help create supportive policies, increase awareness of sexual violence primary prevention and alter behavior to achieve the long-term vision of "a state free of sexual violence achieved through respect between and equity among all people." In order for the plan to be successfully implemented, multiple entities must work together synergistically.

### **Goal 1: To maintain, facilitate and expand partnerships among diverse communities and organizations in order to support and promote the shared vision of a state free of sexual violence.**

#### *Strategies and Action Steps*

- Identify current partners and target organizations that support sexual violence primary prevention efforts;
- Increase community and organizational engagement in sexual violence primary prevention through community organizing and coalition building with preventionists and non-traditional partners;
- Increase the involvement of communities and organizations through community mobilization, coalition building, business sector engagement and the expansion of commitment from policymakers;
- Identify at-risk populations through the use of collected local, state and national data.

#### *Outcomes*

- Increase awareness of sexual violence primary prevention efforts;
- Increase community partnerships aimed to reduce sexual violence;
- Increase resources needed to foster community collaborations to prevent sexual violence;
- Increase community acceptance of the importance of sexual violence primary prevention.

### **Goal 2: To build and strengthen the capacity of individuals, groups and organizations to engage in community-based policy development to support sexual violence primary prevention.**

#### *Strategies and Action Steps*

- Identify priority partner groups, assess their current prevention/promotion work and knowledge and collaborate on strategies to enhance capacity (including training, cross-agency collaboration, mentoring, etc.);
- Identify the existing resources and capacities that are needed for policy development;
- Identify funding sources for training, engagement and conducting needs assessments;
- Develop guidance for identified groups that involves policy guidance, templates/examples, inclusive development practices and/or modules for workplace prevention.

### *Outcomes*

- Increase willingness of policymakers, the private sector and communities to invest in sexual violence primary prevention;
- Increase the number of community organizations receiving technical assistance and training on community-level change and policy development;
- Increase the technical skills needed for community programs to effectively implement sexual violence primary prevention strategies;
- Increase education among community organizations regarding modeling and promoting healthy relationships.

### **Goal 3: To support communities and local organizations in using evidence-based and/or evidence informed strategies to prevent sexual violence.**

#### *Strategies and Action Steps*

- Identify the number of K-12 schools, colleges and universities implementing evidence-based and/or evidence-informed curricula on healthy relationships and sexual violence primary prevention;
- Educate communities on primary prevention through outreach events, trainings, technical assistance, print and media resources;
- Explore evidence-based and/or evidence-informed strategies relevant to local and community needs by review of existing literature on effective sexual violence primary prevention;
- Provide opportunities for experiential learning statewide through training events targeted at evidence-based and promising primary prevention strategies;
- Cultivate local-level community leadership in sexual violence primary prevention efforts through mentoring, leadership development opportunities and internships in sexual violence primary prevention.

### *Outcomes*

- Increase the number of community organizations implementing evidence-based and/or evidence-informed strategies to address identified modifiable risk factors;
- Increase the number of public and private K–12 schools that provide education/curricula on healthy relationships, dating and sexual violence primary prevention;
- Increase the number of colleges and universities that utilize evidence-based promising strategies to address sexual violence primary prevention by 20% by 2021;
- Increase the number of community organizations and institutions with integrated sexual violence primary prevention programs;
- Increase sustainability for sexual violence primary prevention initiatives in Indiana through strategic leadership development.

**Goal 4: To promote social norms and attitudes that increase protective factors that reduce sexual violence.**

*Strategies and Action Steps*

- Identify community-specific social norms that contribute to victimization and perpetration;
- Conduct needs assessments to identify social norms, attitudes and social determinants that contribute to sexual violence;
- Link state and community-level programs implementing social norms change strategies and encourage resource sharing;
- Provide trainings on topics related to sexual violence across the lifespan (i.e. social norms change, capacity building, healthy relationships, socio-ecological model, skill building and men's empowerment).

*Outcomes*

- Increase understanding of social norms that contribute to perpetration and reduction of sexual violence;
- Endorse changes in media practice to limit violent and oppressive images;
- Increase the availability, accessibility and power of social messages that promote male support for gender equality and justice and demonstrate and support male involvement in working to prevent sexual violence.

**Goal 5: To include under-engaged, marginalized, at-risk and minority populations as priorities in state and local sexual violence primary prevention efforts.**

*Strategies and Action Steps*

- Identify current culturally-specific projects that address sexual violence;
- Develop the capacity of local and state programs/agencies who are engaged in prevention efforts to prioritize under-engaged, marginalized at-risk and minority populations;
- Develop the capacity of local and state/programs agencies and efforts who work with under-engaged, marginalized, at-risk and minority populations to integrate efforts to prevent sexual violence;
- Provide technical assistance and training to community stakeholders about culturally and linguistically appropriate services (CLAS) to increase readiness to prevent sexual violence;
- Develop online directory of evidence-based resources organized by thematic areas;
- Ensure that community needs assessments conducted in communities are inclusive of priority populations identified by local, state and national data.

*Outcomes*

- Increase the involvement of men's organizations in statewide sexual violence primary prevention efforts;

- Increase the number of youth-serving and organizations that utilize culturally-specific prevention messaging that are involved in statewide sexual violence primary prevention efforts;
- Increase the amount of training curricula that addresses sexual violence primary prevention for populations at high risk for victimization;
- Increase the number of culturally-specific projects that address sexual violence primary prevention.

**Goal 6: To increase the capacity of governmental and community stakeholders to utilize Indiana sexual violence data related to risk and protective factors through data collection, analysis and dissemination.**

*Strategies and Action Steps*

- Create an exploratory committee to research and develop a white paper concerning the strengths and challenges of current sexual violence surveillance in Indiana;
- Identify and promote appropriate media messages to increase public awareness about Indiana’s sexual violence data;
- Provide technical assistance in the form of webinars, in-person trainings, agency coaching and sharing forums to address effective data utilization;
- Increase the state’s capacity to capture sexual violence data by engaging law enforcement agencies, sexual violence agencies, domestic violence agencies, help lines, social service agencies, social workers, counselors, schools corporations, universities and other pertinent stakeholders in data collection and sharing;
- Improve sexual violence data collection to better assess its costs, prevalence and incidence in Indiana.

*Outcomes*

- Establish baselines for sexual violence prevalence data through Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBS);
- Establish baseline data on exposure of high school youth to sexual violence primary prevention initiatives and messages;
- By 2021, reduce the rate of Indiana high school girls who report they have been forced to have sex from 14.5% to 11.8% and rate of Indiana high school boys who report they have been forced to have sex from 5.2% to 4.5%, provided YRBS data is weighted;
- Establish baseline data on exposure of college students to sexual violence primary prevention initiatives and messages;
- Increase the technical skills needed for community programs to integrate sexual violence data and data collection into prevention efforts.

**Goal 7: To increase knowledge and use of effective sexual violence primary prevention efforts through evaluation practices.**

*Strategies and Action Steps*

- Identify and collaborate with Indiana agencies proficient in sexual violence primary prevention program evaluation to create a comprehensive list of resources;
- Develop best practices model for evaluation of sexual violence primary prevention programs and efforts;
- Provide technical assistance and training on the parameters of best practice evaluation to ensure sound evaluation of primary prevention efforts across the state.

*Outcomes*

- Increase evaluation trainings offered to community-based sexual violence primary prevention programs;
- Increase the number of community partnerships with academic institutions conducting research in sexual violence primary prevention;
- Increase knowledge and utilization of existing and emerging sexual violence surveillance systems.

## Acknowledgements

ISDH would like to acknowledge the contributions of the Indiana Sexual Violence Primary Prevention Council for their time and expertise. Their dedication to this process has made this plan possible. The committee members are listed alphabetically below.

Allison Zimpfer-Hoerr	<a href="#">Youth Services Bureau of Monroe County</a>
Angela Bridge	<a href="#">Social Health Association of Indiana</a>
Antionette Holt	<a href="#">Indiana State Department of Health</a>
Barbara Seitz de Martinez	<a href="#">Indiana Prevention Resource Center</a>
Brent Myers	<a href="#">Indiana Department of Correction</a>
Calvin Roberson	<a href="#">Indiana Minority Health Coalition</a>
Caroline Fisher	<a href="#">Franciscan Alliance</a>
Chris Carlson	<a href="#">U.S. Army Reserve</a>
Chris Warren Handberg	<a href="#">Domestic Violence Network</a>
Cierra Thomas-Williams	<a href="#">Indiana Coalition Against Domestic Violence</a>
Colleen Yeakle	<a href="#">Indiana Coalition Against Domestic Violence</a>
Devon McDonald	<a href="#">Indiana Criminal Justice Institute</a>
Heather Dane	<a href="#">Family Voices</a>
Laura Berry	<a href="#">Indiana Coalition Against Domestic Violence</a>
Edwin Arellano	<a href="#">Latino Coalition Against Domestic and Sexual Violence</a>
Elizabeth Williams	Community member
Janetta Mckenzie	<a href="#">Indiana Family Health Council</a>
Joan Knies	<a href="#">Crisis Connection</a>
Joe Samalin	<a href="#">Breakthrough</a>
Kate Gasiorowski	<a href="#">Indiana Coalition Against Domestic Violence</a>
Kathryn Line	Community member
Keith Morris	Community member
Kimber Nicoletti	<a href="#">Multicultural Efforts to End Sexual Assault</a>
Kristen Pulice	<a href="#">Indiana Coalition to End Sexual Assault</a>
Leslie Fasone	<a href="#">Indiana University</a>
Leslie Montgomery	<a href="#">Planned Parenthood of Indiana and Kentucky</a>
Linda Wilk	<a href="#">Family Service Society</a>
Lisa Elwood-Kirkpatrick	<a href="#">University of Indianapolis</a>
Lori Droege	<a href="#">The Center for Women and Families</a>
Mahri Irvine	<a href="#">Indiana University</a>
Michael Hines	<a href="#">Indiana University</a>
Michelle Corrao	<a href="#">Prevail of Hamilton County</a>
Richard Friedman	<a href="#">Indiana National Guard</a>
Rus Funk	<a href="#">The Center for Women and Families</a>
Sareen Lambright Dale	<a href="#">Indiana University</a>

Sharon Langlotz  
Skye Brown  
Teresa Webb  
Thea Cola  
Tracey Horth Kruger

[Indiana Criminal Justice Institute](#)  
[Multicultural Efforts to End Sexual Assault](#)  
[Urban NDN League](#)  
[Indiana University](#)  
[Indiana Coalition to End Sexual Assault](#)

## References

- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
- Centers for Disease Control and Prevention. (2013). The Public Health Approach to Violence Prevention. Retrieved from [http://www.cdc.gov/violenceprevention/pdf/ph\\_app\\_violence-a.pdf](http://www.cdc.gov/violenceprevention/pdf/ph_app_violence-a.pdf).
- Centers for Disease Control and Prevention. (2014). Rape Prevention and Education. Retrieved from <http://www.cdc.gov/violencePrevention/RPE/index.html>.
- Centers for Disease Control and Prevention (2015). Sexual Violence: Risk and Protective Factors. Retrieved from <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>.
- Centers for Disease Control and Prevention. (2013). The Social-Ecological Model: A Framework for Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>.
- Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey. Available at: [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs).
- Davis, Rachel, Parks, Lisa Fujie, and Cohen, Larry. "Sexual Violence and the Spectrum of Prevention: Towards a Community Solution. National Sexual Violence Resource Center 2006.